



**MARYLAND
STATE RETIREMENT
AND PENSION SYSTEM**

STATE RETIREMENT AGENCY
150 East Baltimore Street
Baltimore, MD 21202
Tel: 410-621-5555
1-800-491-9909
TDD/TTY 410-621-5555
es.maryland.gov

R. Dean Keadle
Executive Director
Secretary To The Board

Dear Former Member:

Thank you for contacting the Maryland State Retirement Agency to request a refund of your accumulated contributions. The enclosed materials and instructions will assist you in applying for a withdrawal.

While you were working, you made member contributions to the Maryland State Retirement and Pension System through automatic payroll deductions. When you terminated this employment, you became eligible to request a refund of the contributions.

Enclosed with this letter is the following material:

- **Application for Withdrawal of Accumulated Contributions (Form 746)** - This form must be completed and notarized if you decide to forgo a rollover. You may be eligible and withdraw your accumulated contributions. **SURE TO READ THE INSTRUCTIONS AND FREQUENTLY ASKED QUESTIONS PRIOR TO COMPLETING.**
- **Transfer-To-Trustee Distribution Form (Form 193)** - This form is required only if you select Refund Choice No. 2 or No. 3 on the Application for Withdrawal of Accumulated Contributions.
- **Special Tax Notice Regarding Your Rollover Options** - If you decide to withdraw your accumulated contributions, you have several options. This notice provides you with the rules related to your rollover options.
- **Acknowledgement of Receipt of Special Tax Notice Regarding Your Rollover Options (Form 746)** - If you decide to withdraw your accumulated contributions, you must complete and return this Acknowledgement of Receipt for Withdrawal of Accumulated Contributions.

It is very important that you understand the consequences of withdrawing your contributions. When you withdraw the contributions, your membership in the system will be closed. The plan will be closed and you will lose any accrued retirement service credit. You will also lose any retirement benefits, including any future cost-of-living adjustments.

Generally, a refund of contributions is available only if you have been working with us at least 30 days after you have terminated your employment. If you have at least 30 days of service, you are eligible for a refund. You must complete the Application for Withdrawal of Accumulated Contributions and the Acknowledgement of Receipt of Special Tax Notice Regarding Your Rollover Options (Form 746) and return them to the State Retirement Agency.

EXHIBIT

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MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

DESIGNATION OF BENEFICIARY

IMPORTANT: Please return completed form to the address listed above. Print clearly and read the instructions on the back of this form. Retain a copy for your records.

FOR INFORMATION ONLY: FORM 1000-2014

APPLICANT'S SOCIAL SECURITY NUMBER

CHECK ONE: ☐ Active ☒ Retired ☐ Retiree of another retirement plan

IMPORTANT: If you are retired under Chapter 2, A, Code 2000, you must also complete a Form 2000-2014 to designate your beneficiary.

APPLICANT'S NAME

Sharon

W

Bridget

HOME ADDRESS

LAUREL

City

MD 20723

State Zip

PRIMARY BENEFICIARY(IES) All money shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death.

BENEFICIARY'S NAME

RELATIONSHIP

Mother

Gender: F

Deborah

J

Passport Number

DOB

DOB

DOB

If spouse, please indicate marital status when married, divorce, annulment

BENEFICIARY'S ADDRESS

BENEFICIARY'S NAME

RELATIONSHIP

Gender

DOB

DOB

DOB

BENEFICIARY'S ADDRESS

CONTINGENT BENEFICIARY(IES) If all primary beneficiaries die before me, the money shall be paid in equal shares to the following person(s) who are living at the time of my death.

BENEFICIARY'S NAME

RELATIONSHIP

Sister

Kristyn

DOB

BENEFICIARY'S ADDRESS

BENEFICIARY'S NAME

RELATIONSHIP

Gender

DOB

DOB

DOB

BENEFICIARY'S ADDRESS

TO THE MARYLAND STATE RETIREMENT AGENCY:

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and I hereby designate the person(s) named herein as my beneficiary(ies) for the purpose of receiving any and all benefits payable to me or to my estate under the Maryland State Retirement System. I understand that if I am not designated any beneficiary, the benefits payable to me or to my estate will be paid to the Maryland State Retirement Agency. I understand that if I am not designated any beneficiary, the benefits payable to me or to my estate will be paid to the Maryland State Retirement Agency. I understand that if I am not designated any beneficiary, the benefits payable to me or to my estate will be paid to the Maryland State Retirement Agency.

Signature

Please check (✓) for your

1.1 Teacher Retirement

1.2 Employee Retirement

1.3 Civil Service Retirement

1.4 State Police Retirement

1.5 State's Attorney Retirement

1.6 State's Attorney Retirement

1.7 State's Attorney Retirement

1.8 State's Attorney Retirement

1.9 State's Attorney Retirement

1.10 State's Attorney Retirement

<p>IT AGENCY: I authorize the Maryland State Retirement Agency to make any payment made by the agency will release me from any liability or if all of the primary and contingent beneficiaries of the Maryland State Retirement Agency are deceased, I agree on my behalf to the distribution of the death benefit to the Maryland State Retirement Agency.</p>	
<p>of that order. SIGN IN THE PRESENCE OF TWO WITNESSES.</p>	
<p>State of <u>MD</u> On this <u>23</u> day of <u>September</u>, 20<u>15</u></p>	<p>personally (or substituted) (helpline) Signature Printed</p>
<p>I System Blurred (Blurred) on System</p>	<p>Monique</p>